

## **Texas Application**



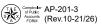
- Sales Tax Permit
  Use Tax Permit
  9-1-1 Emergency Communications
  Prepaid Wireless
  9-1-1 Emergency Service Fee
  Off-Road, Heavy-Duty Diesel Powered Equipment Surcharge

	GLENN HEGAR	TEXAS COMPTROLLER (	OF PUBLIC ACCOUNTS
	If you are a sole proprietor, s	start on the next page, Item	10.
	<ol> <li>Business Organization Type         <ul> <li>Profit Corporation (CT, CF)</li> <li>Nonprofit Corporation (CN, CM)</li> <li>Limited Liability Company (CL, CI)</li> <li>Limited Partnership (PL, PF)</li> <li>Professional Corporation (CP, CU)</li> <li>Other (<i>explain</i>)</li> </ul> </li> <li>Legal name of corporation, partnership, limited</li> </ol>	General Partnership (PB, PI) Professional Association (AP, AF) Business Association (AB, AC) Joint Venture (PV, PW) Holding Company (HF) ed liability company, association or other legal	Business Trust (TF) Trust (TR) Submit a copy of the trust agreement with this application. Real Estate Investment Trust (TH, TI) Joint Stock Company (ST, SF) Estate (ES)
	<ol> <li>Federal Employer Identification Number (FEI (assigned by the Internal Revenue Service for</li> </ol>		4. Check here if you DO NOT have an FEIN.
	5. List any current or past 11-digit Texas Taxpayer Number for reporting any taxes or fees to the Texas Comptroller of Public Accounts.		
	6. Have you ever received a Texas vendor or pa (Texas Identification Number/TIN)?	ayee number YES INO If "YE	ES," enter number Month Day Year
FORMATION	<ol> <li>Enter the home state or country where this entity was formed and the formation date</li> <li>Enter the home state registration/file number</li> </ol>		File number
INFORM		r egistered with the Texas Secretary of State	File number
ENTITYIN	<ol> <li>If the business is a corporation, has it been involved in a merger within the last seven ye</li> </ol>	ars? YES NO If "	"YES," attach a detailed explanation. (See instructions.)
	<ol> <li>List all general partners, officers or managing Name</li> </ol>	g members <b>(Attach additional sheets, if necessa</b> Phone (Area code and nui 	
	Home address	City	State ZIP code
		Percent of     ownership	County (or country, if outside the U.S.) %
		fficer/Director Managing Member	Other
	Name Home address	Phone (Area code and nui  City	mber) = State ZIP code
	SSN FEIN	Percent of ownership	County (or country, if outside the U.S.)
	Position held: General Partner Of	fficer/Director	70           Other
	If you are not a sole proprie	etor, go to Item 15.	

TAE STA	renter AP-201-2 (Rev.10-21/26) Texas App Sales Tax Permit a	olication for nd/or Use Tax Pern	nit	A P 2 0 1 2 0 W 1 0 2 1 2 6 * Page 2
	• TYPE OR PRINT	• Do NOT write in shaded area	to review, reque	<b>rights</b> under Chapters 552 and 559, Government Code est and correct information we have on file about you. is at the address or numbers listed on this form.
	<b>If you are a sole proprie</b> (If you are NOT a sole proprietor			
	D. Legal name of sole proprietor <i>(first,</i>	middle initial, last)		
E PROPRIETORS	1. Social Security number (SSN)	[	Check this box a Social Securit	if you DO NOT have y number (SSN).
SOLE PR	<ol> <li>List any current or past 11-digit Texa any taxes or fees to the Texas Com</li> </ol>			
	<ol> <li>Have you ever received a Texas ver number (Texas Identification Number)</li> </ol>		If "YES," enter numbe	r
14	<ol> <li>Federal Employer Identification Nur the Internal Revenue Service for replacement</li> </ol>			
1	banking changes and who is respor	sible for overall account managem whether the address is on a stree	ent and account security. En	aking decisions regarding address changes and ter complete address including suite, apartment c., and whether there is a directional indicator Suite/Apt. #
	City	State/province	ZIP code	County (or country, if outside the U.S.)
1	6. Daytime phone number (Area code	and number)		
	<ol> <li>FAX number (Area code and number)</li> <li>Mobile/cellular phone number (Area</li> </ol>	,		1
IICANT	<ol> <li>Business website address(es)</li> </ol>			
ALL APPLICANTS	<ol> <li>Contact person for business records</li> <li>Name</li> </ol>		Email address	1
	Street address (if different from the address in	tem 15)		Phone number (Area code, number and extension)
2 <sup>.</sup>	1. Alternate contact person for busines Name		Email address	
	Street address (if different from the address in a	tem 15)		Phone number (Area code, number and extension)
2:	2. Name of bank or other financial inst	itution (Attach additional sheets, if I	necessary.)	Business Personal

23.	3. If you will be accepting payments by credit card and/or through		
	an online payment processing company, enter the name of the processor.		

Merchant identification number (	MID)
assigned by processor	



PLACE OF BUSINESS INFORMATION

Legal name (Same as Item 2 OR Item 10)

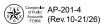


Page 3

Texas Application for Sales Tax Permit and/or Use Tax Permit

	section for each PLACE OF BUSINESS in Texas. PLACE OF BUSINESS in Texas, skip to Item 30.	
	a physical location operated for the purpose of selling taxable items where sales pe calendar year. (Attach additional sheets for each <u>PLACE OF BUSINESS</u> in Tex	
Street address (include St, Av, Ct, etc.) or rural route and box number (Do NOT use	P.O. Box addressmust provide physical location address.) Suite/Apt. number	
Sity	State         ZIP code         Business location phone           T,X	
this PLACE OF BUSINESS address is difficult to find or includes a rural route and	box number, provide the physical location or directions.	
See instructions p	prior to answering Items 25 and 26.	
Vithin what city limits is this <b>PLACE OF BUSINESS</b> ?	Check this box if this <b>PLACE OF BUSINESS</b> is <b>NOT</b> located within the limits of a city in Texas.	
Vithin what county is this <b>PLACE OF BUSINESS</b> ?		
s this PLACE OF BUSINESS operated from your home?		
Do you ship or deliver items to cities or counties in Texas other	than where you have your place of business?	
Enter the name and address of the owner or landlord of this <b>PLACE OF BUSINESS</b> .		
Do you maintain a distribution center, warehouse, office or any conducted in Texas?		
f "YES", list the location of all distribution points, warehouses o BUSINESS.) <b>(Attach additional sheets, if necessary.)</b> Street	or offices in Texas. (Do not include locations that are considered a PLACE OF	
ncluding selling, delivering or taking orders for taxable items?	er or solicitor who operates under your authority to conduct business in Texas,	
f "YES", list names and addresses of all representatives, agent <i>Attach additional sheets, if necessary)</i> Jame ( <i>first, middle initial, last</i> )	ts, salespersons, canvassers or solicitors in Texas.	
Street address	City         State         ZIP code	
Do you own, use, sell, lease or rent tangible personal property l and equipment.)		
Do you provide onsite taxable services at customer locations in	n Texas? YES NO	
	Texas?       YES NO         e at location or event. (Attach additional sheets, if necessary)         Period in attendance (e.g., first weekend of each month, late October, etc	
ocation and/or event name (e.g., Canton First Mondays, State Fair in Dallas, etc.)		

37. Do you have a substantial ownership in, or are owned in whole or substantial part, by a person who maintains a location in Texas	
advertise, promote or facilitate sales, deliveries or returns of your products?	NO NO



(1.00.10 2.1.20)	Texas Application for
Sales 1	fax Permit and/or Use Tax Permit



Page 4

YES       NO         YES       NO         YES       NO         YES       NO         YES       NO         BEER AND WINE         YES       NO         YES       NO         BEER AND WINE         YES       NO         State       YES         YES       NO         YES       NO
YES       NO         YES       NO         YES       NO         BEER AND WINE         YES       NO         YES       NO         mission. (See instructions.)         YES       NO
YES       NO          YES       NO          BEER AND WINE          YES       NO         mission.       YES       NO          YES       NO          YES       NO          YES       NO         State.       YES       NO          YES       NO          YES       NO
BEER AND WINE     BEER AND WINE     NO     mission. (See instructions.)      YES NO     State.      YES NO     YES NO     YES NO     YES NO
mission. (See instructions.)
YES NO <i>State</i> . YES NO YES NO 
State. 
? 🗌 YES 🗌 NO
Month Day Year
YES 🗌 NO
NAICS code
eting
YES 🗌 NO
YES NO
der Health & Safety Code,
qualization Surcharge (93)
YES NO
owner's Texas taxpayer íf available)
de and number)
State ZIP code
estate Other assets

Texas Application for Sales Tax Permit and/or Use Tax Pe	ermit	
Legal name (Same as Item 2 OR Item 10)		
APPLICANTS MUST BE AT LEAST 18 YEARS OLD. Parents or legal guardians can obtain a sales tax permit on behalf of a minor.         55. The sole owner, ALL general partners, managing members, officers, directors or an authorized representative must sign. The representative must submit a written power of attorney. (Attach additional sheets, if necessary.)       Date of signature(s) Month Day Year         I (We) declare that the information in this document and any attachments is true and correct to the best of my (our) knowledge and belief.		
Type or print name and title of sole owner, partner, officer, director or member	Sole owner, partner, officer, director or member	
Driver license number/state Are you at least 18 yrs of age or older?	sign here	

YES

YES

YES

Type or print name and title of partner, officer, director or member

Type or print name and title of partner, officer, director or member

Driver license number/state

Driver license number/state

🗌 NO

Are you at least 18 yrs of age or older?

Are you at least 18 yrs of age or older?

NO NO

NO

WARNING. You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at https://www.texas.gov/. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.

sign here

sign here

Partner, officer, director or member

Partner, officer, director or member

FEDERAL PRIVACY ACT — Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any idividual affected by applicable law, 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

SIGNATURES

Employee name

USERID